

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00020673	2 Total pages filed: 32	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI The Honorable Jane		<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 07/15/2025	
	NICKNAME LAST SUFFIX Nelson			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P. O. Box 608  Grapevine, TX 76099		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. James Michael			
	NICKNAME LAST SUFFIX Nelson			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1109 Buckingham Place  Copper Canyon, TX 75077			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 850-0700			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year    Month Day Year 01/01/2025    THROUGH    06/30/2025			
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Secretary of State		12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME	Nelson, Jane (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00020673	

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	1,965.61
	4. TOTAL POLITICAL EXPENDITURES	\$	50,253.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,284,940.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

## 17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Jane Nelson  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

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<b>18 FILER NAME</b> Nelson, Jane (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00020673	
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,500.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	41,140.28
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	24,837.08
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	9,112.84
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	25,261.57

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 1/1 Rpt: 4/32

2 FILER NAME

Nelson, Jane (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00020673

4 Date

03/03/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

JTM Consulting LLC

7 Amount of Contribution (\$)

\$1,500.00

6 Contributor address; City; State; Zip Code

San Antonio, TX 78257

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 5/32

2 FILER NAME  
Nelson, Jane (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00020673

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 6/32
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/6 Rpt: 7/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 04/07/2025	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$29.52	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/16/2025	Payee name American Express	
Amount (\$) \$1,396.72	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/02/2025	Payee name American Express	
Amount (\$) \$976.71	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/6 Rpt: 8/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 04/07/2025	<b>5</b> Payee name American Express	
<b>6</b> Amount (\$) \$1,201.00	<b>7</b> Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2025	Payee name American Express	
Amount (\$) \$908.43	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2025	Payee name American Express	
Amount (\$) \$2,348.74	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/6 Rpt: 9/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 01/13/2025	<b>5</b> Payee name American Express	
<b>6</b> Amount (\$) \$3,413.53	<b>7</b> Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2025	Payee name Central Market	
Amount (\$) \$43.00	Payee address; City; State; Zip Code 4001 N Lamar Blvd  Austin, TX 78756	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2025	Payee name Fidelity Investments	
Amount (\$) \$2,699.97	Payee address; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advisor Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/6 Rpt: 10/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 04/14/2025	<b>5</b> Payee name Fidelity Investments	
<b>6</b> Amount (\$) \$2,767.38	<b>7</b> Payee address; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advisor Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/01/2025	Payee name Hambrick, Brooke	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 10041 Cross Bend Circle  Frisco, TX 75033	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2025	Payee name Hambrick, Brooke	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 10041 Cross Bend Circle  Frisco, TX 75033	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/6 Rpt: 11/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 03/01/2025	<b>5</b> Payee name Hambrick, Brooke	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code 10041 Cross Bend Circle  Frisco, TX 75033	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hambrick, Brooke		
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 10041 Cross Bend Circle  Frisco, TX 75033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hambrick, Brooke		
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 10041 Cross Bend Circle  Frisco, TX 75033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/6 Rpt: 12/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 06/01/2025	<b>5</b> Payee name Hambrick, Brooke	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code 10041 Cross Bend Circle  Frisco, TX 75033	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2025	Payee name Internal Revenue Service	
Amount (\$) \$11,554.80	Payee address; City; State; Zip Code 1100 Commerce Street  Dallas, TX 75242	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/14/2025	Payee name Wilson, Gertie	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 4903 Buckskin Pass  Austin, TX 78745	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: Sch: 1/4 Rpt: 13/32
2 FILER NAME Nelson, Jane (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020673
4 Date 01/03/2025	5 Name of person from whom investment is purchased Fidelity Investments	
	6 Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	7 Description of investment reinvested cash income	
	8 Amount of investment (\$) 4,118.40	
Date 01/31/2025	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 323.06	
Date 02/05/2025	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 3,799.21	
Date 02/28/2025	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 298.26	

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: Sch: 2/4 Rpt: 14/32
2 FILER NAME Nelson, Jane (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020673
4 Date 03/05/2025	5 Name of person from whom investment is purchased Fidelity Investments	
	6 Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	7 Description of investment reinvested cash income	
	8 Amount of investment (\$) 3,649.07	
Date 03/31/2025	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 341.03	
Date 04/03/2025	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 3,825.69	
Date 04/30/2025	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 339.74	

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: Sch: 3/4 Rpt: 15/32
2 FILER NAME Nelson, Jane (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020673
4 Date 05/05/2025	5 Name of person from whom investment is purchased Fidelity Investments	
	6 Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	7 Description of investment reinvested cash income	
	8 Amount of investment (\$) 3,809.96	
Date 05/30/2025	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 241.54	
Date 05/30/2025	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 64.23	
Date 06/04/2025	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 3,827.68	

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:  
Sch: 4/4 Rpt: 16/32

2 FILER NAME  
Nelson, Jane (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00020673

4 Date  
06/30/2025

5 Name of person from whom investment is purchased  
Fidelity Investments

6 Address of person from whom investment is purchased; City; State; Zip Code  
1576 E Southlake Blvd  
  
Southlake, TX 76092

7 Description of investment  
reinvested cash income

8 Amount of investment (\$)  
199.21



## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/12 Rpt: 17/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> CREDIT CARD ISSUER	Name of financial institution American Express		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,665.13
<b>6</b> PAYMENT	(a) Amount Charged \$322.00	(b) Date of Charge 01/02/2025	(c) Date(s) Credit Card Issuer Paid 02/05/2025
<b>7</b> PAYEE	(a) Payee name Advantage Storage		(b) Payee address; City, State, Zip Code 850 Gerault Road Flower Mound, TX 75028
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$322.00	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card Issuer Paid 03/05/2025
<b>PAYEE</b>	(a) Payee name Advantage Storage		(b) Payee address; City, State, Zip Code 850 Gerault Road Flower Mound, TX 75028
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$322.00	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issuer Paid 04/07/2025
<b>PAYEE</b>	(a) Payee name Advantage Storage		(b) Payee address; City, State, Zip Code 850 Gerault Road Flower Mound, TX 75028
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 2/12 Rpt: 18/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,665.13
<b>6</b> PAYMENT	(a) Amount Charged \$322.00	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuer Paid 05/02/2025
<b>7</b> PAYEE	(a) Payee name Advantage Storage		(b) Payee address; City, State, Zip Code 850 Gerault Road Flower Mound, TX 75028
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$322.00	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issuer Paid 06/16/2025
<b>PAYEE</b>	(a) Payee name Advantage Storage		(b) Payee address; City, State, Zip Code 850 Gerault Road Flower Mound, TX 75028
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$322.00	(b) Date of Charge 06/01/2025	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Advantage Storage		(b) Payee address; City, State, Zip Code 850 Gerault Road Flower Mound, TX 75028
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 3/12 Rpt: 19/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,665.13
<b>6</b> PAYMENT	(a) Amount Charged \$32.46	(b) Date of Charge 03/10/2025	(c) Date(s) Credit Card Issuer Paid 04/07/2025
<b>7</b> PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$233.64	(b) Date of Charge 03/10/2025	(c) Date(s) Credit Card Issuer Paid 05/02/2025
<b>PAYEE</b>	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$695.00	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issuer Paid 02/05/2025
<b>PAYEE</b>	(a) Payee name American Express		(b) Payee address; City, State, Zip Code PO Box 650448 Dallas, TX 75265
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Annual Membership Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 4/12 Rpt: 20/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,665.13
<b>6</b> PAYMENT	(a) Amount Charged \$95.81	(b) Date of Charge 01/11/2025	(c) Date(s) Credit Card Issuer Paid 02/05/2025
<b>7</b> PAYEE	(a) Payee name AT&T Uverse		(b) Payee address; City, State, Zip Code 208 S. Akard St. Dallas, TX 75202
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Communication
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$95.81	(b) Date of Charge 02/09/2025	(c) Date(s) Credit Card Issuer Paid 03/05/2025
<b>PAYEE</b>	(a) Payee name AT&T Uverse		(b) Payee address; City, State, Zip Code 208 S. Akard St. Dallas, TX 75202
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Communication
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$95.81	(b) Date of Charge 03/11/2025	(c) Date(s) Credit Card Issuer Paid 04/07/2025
<b>PAYEE</b>	(a) Payee name AT&T Uverse		(b) Payee address; City, State, Zip Code 208 S. Akard St. Dallas, TX 75202
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Communication
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 5/12 Rpt: 21/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,665.13
<b>6</b> PAYMENT	(a) Amount Charged \$95.81	(b) Date of Charge 04/09/2025	(c) Date(s) Credit Card Issuer Paid 05/02/2025
<b>7</b> PAYEE	(a) Payee name AT&T Uverse		(b) Payee address; City, State, Zip Code 208 S. Akard St. Dallas, TX 75202
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Communication
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$95.81	(b) Date of Charge 05/10/2025	(c) Date(s) Credit Card Issuer Paid 06/16/2025
<b>PAYEE</b>	(a) Payee name AT&T Uverse		(b) Payee address; City, State, Zip Code 208 S. Akard St. Dallas, TX 75202
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Communication
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$95.81	(b) Date of Charge 06/10/2025	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name AT&T Uverse		(b) Payee address; City, State, Zip Code 208 S. Akard St. Dallas, TX 75202
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Communication
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 6/12 Rpt: 22/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,665.13
<b>6</b> PAYMENT	(a) Amount Charged \$215.99	(b) Date of Charge 05/16/2025	(c) Date(s) Credit Card Issuer Paid 06/16/2025
<b>7</b> PAYEE	(a) Payee name Central Market		(b) Payee address; City, State, Zip Code 4001 N Lamar Blvd Austin, TX 78756
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Refreshments for Reception
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$93.66	(b) Date of Charge 05/21/2025	(c) Date(s) Credit Card Issuer Paid 06/16/2025
<b>PAYEE</b>	(a) Payee name Central Market		(b) Payee address; City, State, Zip Code 4001 N Lamar Blvd Austin, TX 78756
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Refreshments for Reception
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$244.17	(b) Date of Charge 03/11/2025	(c) Date(s) Credit Card Issuer Paid 04/07/2025
<b>PAYEE</b>	(a) Payee name Eberly		(b) Payee address; City, State, Zip Code 615 S Lamar Austin, TX 78704
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meals for Officeholder Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 7/12 Rpt: 23/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,665.13
<b>6</b> PAYMENT	(a) Amount Charged \$264.75	(b) Date of Charge 05/07/2025	(c) Date(s) Credit Card Issuer Paid 06/16/2025
<b>7</b> PAYEE	(a) Payee name Eddie V's		(b) Payee address; City, State, Zip Code 301 E. 5th Street Austin, TX 78701
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meals for Officeholder Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$57.09	(b) Date of Charge 01/11/2025	(c) Date(s) Credit Card Issuer Paid 02/05/2025
<b>PAYEE</b>	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 7901 W Hwy 290 Austin, TX 78736
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$76.18	(b) Date of Charge 03/13/2025	(c) Date(s) Credit Card Issuer Paid 04/07/2025
<b>PAYEE</b>	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 7901 W Hwy 290 Austin, TX 78736
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 8/12 Rpt: 24/32		<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,665.13	
<b>6</b> PAYMENT		(a) Amount Charged \$273.08	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issuer Paid 04/07/2025	
<b>7</b> PAYEE		(a) Payee name HEB		(b) Payee address; City, State, Zip Code 7901 W Hwy 290 Austin, TX 78736	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b>		(a) Amount Charged \$90.27	(b) Date of Charge 01/02/2025	(c) Date(s) Credit Card Issuer Paid 02/05/2025	
<b>PAYEE</b>		(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S I-35 Frontage Road Austin, TX 78747	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b>		(a) Amount Charged \$71.26	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issuer Paid 03/05/2025	
<b>PAYEE</b>		(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S I-35 Frontage Road Austin, TX 78747	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 9/12 Rpt: 25/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,665.13
<b>6</b> PAYMENT	(a) Amount Charged \$117.27	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issuer Paid 04/07/2025
<b>7</b> PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S I-35 Frontage Road Austin, TX 78747
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$171.27	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuer Paid 05/02/2025
<b>PAYEE</b>	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S I-35 Frontage Road Austin, TX 78747
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$78.27	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issuer Paid 06/16/2025
<b>PAYEE</b>	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S I-35 Frontage Road Austin, TX 78747
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 10/12 Rpt: 26/32		<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673	
<b>4 CREDIT CARD ISSUER</b>		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,665.13	
<b>6 PAYMENT</b>		(a) Amount Charged \$87.27	(b) Date of Charge 06/02/2025	(c) Date(s) Credit Card Issuer Paid	
<b>7 PAYEE</b>		(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S I-35 Frontage Road Austin, TX 78747	
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b>		(a) Amount Charged \$245.68	(b) Date of Charge 05/28/2025	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Lamberts		(b) Payee address; City, State, Zip Code 401 W 2nd St Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meals for Officeholder Meeting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b>		(a) Amount Charged \$6.00	(b) Date of Charge 01/22/2025	(c) Date(s) Credit Card Issuer Paid 02/05/2025	
<b>PAYEE</b>		(a) Payee name National Travel Systems		(b) Payee address; City, State, Zip Code 6502 Slide Road Lubbock, TX 79424	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Travel Service Fee	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 11/12 Rpt: 27/32	<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,665.13
<b>6</b> PAYMENT	(a) Amount Charged \$350.57	(b) Date of Charge 06/01/2025	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Pinthouse Pizza		(b) Payee address; City, State, Zip Code 4236 S. Lamar Blvd Austin, TX 78704
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meals for Staff
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$166.06	(b) Date of Charge 01/12/2025	(c) Date(s) Credit Card Issuer Paid 02/05/2025
<b>PAYEE</b>	(a) Payee name Sam's Club		(b) Payee address; City, State, Zip Code 9700 N Capitol of Texas Hwy Austin, TX 78759
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$67.03	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card Issuer Paid 03/05/2025
<b>PAYEE</b>	(a) Payee name Sam's Club		(b) Payee address; City, State, Zip Code 9700 N Capitol of Texas Hwy Austin, TX 78759
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 12/12 Rpt: 28/32		<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4 CREDIT CARD ISSUER</b>	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,665.13
<b>6 PAYMENT</b>	(a) Amount Charged \$405.88	(b) Date of Charge 05/30/2025	(c) Date(s) Credit Card Issuer Paid	
<b>7 PAYEE</b>	(a) Payee name Sir Speedy Print		(b) Payee address; City, State, Zip Code 1320 Arrow Point Drive Bldg 4, Suite 410 Cedar Park, TX 78613	
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
<b>PAYMENT</b>	(a) Amount Charged \$398.00	(b) Date of Charge 01/17/2025	(c) Date(s) Credit Card Issuer Paid 02/05/2025	
<b>PAYEE</b>	(a) Payee name National Travel Systems		(b) Payee address; City, State, Zip Code 6502 Slide Road Lubbock, TX 79424	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Family Travel in Connection with Officeholder Official Duties	
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
<b>PAYMENT</b>	(a) Amount Charged \$500.00	(b) Date of Charge 01/11/2025	(c) Date(s) Credit Card Issuer Paid 02/05/2025	
<b>PAYEE</b>	(a) Payee name Bucees		(b) Payee address; City, State, Zip Code 165 State Highway 77 Hillsboro, TX 76645	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Gift Card for Volunteer	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/3 Rpt: 29/32
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 01/03/2025	<b>5</b> Name of person from whom amount is received Fidelity Investments	<b>8</b> Amount (\$) \$4,118.40
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	<b>7</b> Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 01/31/2025	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$323.06
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/05/2025	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$3,799.21
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/28/2025	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$298.26
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/05/2025	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$3,649.07
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/3 Rpt: 30/32
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 03/31/2025	<b>5</b> Name of person from whom amount is received Fidelity Investments	<b>8</b> Amount (\$) \$341.03
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	<b>7</b> Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/03/2025	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$3,825.69
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/30/2025	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$339.74
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/05/2025	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$3,809.96
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/30/2025	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$64.23
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	Purpose for which amount is received interest earned <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 3/3 Rpt: 31/32
2 FILER NAME Nelson, Jane (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020673
4 Date 05/30/2025	5 Name of person from whom amount is received Fidelity Investments	8 Amount (\$) \$241.54
	6 Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	7 Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 06/04/2025	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$3,827.68
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 06/30/2025	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$199.21
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	
	Purpose for which amount is received interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 01/17/2025	Name of person from whom amount is received National Travel Systems	Amount (\$) \$424.49
	Address of person from whom amount is received; City; State; Zip Code  Lubbock, TX 79424	
	Purpose for which amount is received refund for travel <input type="checkbox"/> Check if political contribution returned to filer	

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:  
Sch: 1/1 Rpt: 32/32

2 FILER NAME  
Nelson, Jane (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00020673

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
National Travel Systems

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1  
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

01/17/2025

01/20/2025

7 Name of person(s) traveling

Nelson, James Michael

8 Departure city or name of departure location

DFW Airport

9 Destination city or name of destination location

Washington DC

10 Means of transportation  
Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)  
Travel to attend Texas Business Conference/Black Tie & Boots Gala